FEC FORM 1	ORGANIZ		RECEIVED	Office May 0 d	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, typing over the lines. F.E.C.	Pe 12774M	SLOTfice Use Only RECEI	VED
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ADDRESS (number and street	1) P-10-1 BIOX	<u>7.4</u>	11111		LER
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		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADI	ORESS (Please provide only one	e e-mail address)			
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COMMITTEE'S WEB PAGE	ADDRESS (URL)	, i			
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2. DATE 0.5					
3. FEC IDENTIFICATION	NUMBER C	nangkannag ciwa g dhingrana gamangan a sa bana nandkannadkan na dhina nidhannadkan and na carbanan			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED	(A) ·		
I certify that I have examine	ed this Statement and to the b	est of my knowledge and be	elief it is true, correc	t and complete.	_
Type or Print Name of Trea	surer Sarg	est of my knowledge and be h Lewere	nz M	51'18'91'12'07'	— 71
Signature of Treasurer	- Jarre ()		_ Date Q		L.L
NOTE: Submission of false, e	rroneous, or incomplete information	on may subject the person significant SHOULD BE REPORT		_	7g.
Office Use		For further Informs Federal Election Co Toll Free 800-424-9	mmission	FEC FORM 1 (Revised 02/2009)	_